

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						FILING DATE	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/	/	/		51
2	/		/	/	/		52
3	/						53
4	/						54
5	/		/	/	/		55
6	/		/	/	/		56
7	/		/	/	/		57
8	/		/	/	/		58
9	/		/	/	/		59
10	/		/	/	/		60
11	/		/	/	/		61
12	/		/	/	/		62
13	/		/	/	/		63
14	/		/	/	/		64
15	/		/	/	/		65
16	/		/	/	/		66
17	/		/	/	/		67
18	/		/	/	/		68
19	/		/	/	/		69
20	/		/	/	/		70
21	/		/	/	/		71
22	/		/	/	/		72
23	/		/	/	/		73
24	/		/	/	/		74
25	/		/	/	/		75
26	/		/	/	/		76
27	/		/	/	/		77
28	/		/	/	/		78
29	/		/	/	/		79
30	/		/	/	/		80
31	/		/	/	/		81
32	/		/	/	/		82
33	/		/	/	/		83
34	/		/	/	/		84
35	/		/	/	/		85
36	/		/	/	/		86
37	/		/	/	/		87
38	/		/	/	/		88
39	/		/	/	/		89
40	/		/	/	/		90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	4		4		4		TOTAL IND.
TOTAL DEP.	36	→	35	→	36	→	TOTAL DEP.
TOTAL CLAIMS	70		39		29		TOTAL CLAIMS

*NOT BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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